



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Pathophysiology

**Manuscript NO:** 34044

**Title:** Emergency resection surgery for colorectal cancer: Patterns of recurrent disease and survival

**Reviewer's code:** 00057665

**Reviewer's country:** Spain

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-03-24

**Date reviewed:** 2017-03-26

**Review time:** 1 Day

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

This an interesting retrospective study about the impact of emergency surgery on disease recurrence and survival of patients with colorectal cancer. It would be appropriate to give readers more information about the specific adjuvant treatment used for patients in both groups.



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Pathophysiology

**Manuscript NO:** 34044

**Title:** Emergency resection surgery for colorectal cancer: Patterns of recurrent disease and survival

**Reviewer's code:** 03316963

**Reviewer's country:** China

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-03-24

**Date reviewed:** 2017-04-01

**Review time:** 8 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

The authors found that the emergency surgery is associated with adverse disease free and long-term survival. T4 disease, LVI and LNR provide strong independent predictive value of long-term outcome and can inform surveillance strategies to improve outcomes. It have some clinical implication value and the results were interesting, however, there are still some revision needed to be solved. 1. In the Abstract section, the Clinical and histological features were analysed retrospectively over a six-year period, however, the results were analysed over sever year, please check it. 2. The two hundred and sixty six should be expressed as 266. 3. In the Introduction section, the previous study on the prognostic factors for patterns of recurrent disease and survival should be cited. 4. The 266 patients were enrolled consecutively or enrolled based on inclusion and exclusion criteria, please describe the detail in the paper. 5. The Variables with P>0.100 on



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univariate analysis were excluded from multiple regression predictive model analyses, in general cases, the  $P>0.05$  was selected as the criteria, the authors should add the related references in the paper or discuss the limitation in the Discussion section. 6. The number of the patients in the whole manuscript should be expressed as one style, such as, 10 or ten, just only one style. 7. The paragraph of “The value of early detection of metastatic disease in offering an absolute reduction in mortality is clear” should be described briefly. 8. The clinical implication and the limitation of the study should be added as a separate paragraph in the Discussion section.



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Pathophysiology

**Manuscript NO:** 34044

**Title:** Emergency resection surgery for colorectal cancer: Patterns of recurrent disease and survival

**Reviewer's code:** 00001114

**Reviewer's country:** Japan

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-03-24

**Date reviewed:** 2017-04-05

**Review time:** 11 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Thank you for giving me the opportunity to review the manuscript: "Emergency surgery for symptomatic colorectal cancer: prognostic factors for patterns of recurrent disease and survival". I enjoyed this paper. I think this conclusion seemed self-evident and no new knowledge. However, I feel there was interesting detail in this results. I have following comments, Comments 1. I was wondering how many patients have had peritoneal recurrence during the study period. I think that perforation due to colorectal tumor growth means micro peritoneal dissemination, therefore, if there was no patient with peritoneal recurrence, that brings me a feeling of strangeness. 2. I am interested in the reason why there were more dominant metachronous liver metastasis in patients with emergency surgery than in those with elective surgery. Does it depend on T4 stage or other factors? Emergent resection was an independent predictors of poor survival, in



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addition to T4 stage. Please discuss the reason. 3. I am interested in the detail of adjuvant chemotherapy regimen including molecular targeting agents. Because those agents dramatically improve the prognosis of patients with colorectal cancer. In particular, new agents has been available since 2001. I was wondering if there were difference of the prognosis in patients using new agents or with wild type RAS. 4. I was interested in if there was difference of the recurrent rates in patients with emergent surgery between with or without adjuvant chemotherapy.